

**PERMANENCY COMMITMENT FORM  
(ADOPTION)**

Michigan Department of Human Services  
Division of Adoption Services

Date:

Re: Child's Name Birthdate

Dear

The permanency goal for the foster child(ren) listed above has been changed to adoption.

Current caregivers for the child(ren) and other parties who have previously expressed interest in the child(ren) will be given consideration if interested in adoption.

If you are **not** interested in adopting, the agency will be making efforts to find an adoptive home. This may include listing in the Michigan Adoption Resource Exchange (MARE) photolisting book. When a suitable family is found, the agency will need assistance and cooperation in making as smooth a transition as possible to the adoptive family.

Please indicate your interest by checking the appropriate box below, signing and returning this form within 14 days of receiving this notification. A self-addressed stamped envelope is enclosed for the return of your response. If you have any questions, you may call me to discuss.

Sincerely,

Adoption Worker

Agency Name		Phone Number		Fax Number	
RESPONSE					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		I have received DHS Publication 538, Michigan's Adoption Subsidy Programs.	
<input type="checkbox"/> I AM interested and wish to be considered for adopting the above noted child(ren).					
<input type="checkbox"/> I AM NOT interested and do not wish to be considered for the adoption of the above noted child(ren).					
Signature		Date		Signature	
Date		Date			
AUTHORITY: P.A. 280 of 1930. RESPONSE: Required PENALTY: Nonconsideration for adoption.			Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		